

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. C54C5567 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	3					
5	3					
6	3					
7	3					
8	3					
9	3					
10	3					
11	3					
12						
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14						
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17						
18						
19	4					
20	3					
21	3					
22						
23						
24						
25						
26						
27						
28						
29						
30						
31					1	
32					1	
33					1	
34					1	
35					4	
36					4	
37					4	
38					4	
39					4	
40					2	
41					4	
42					4	
43					4	
44					4	
45					4	
46					4	
47					4	
48					4	
49					4	
50					4	
TOTAL IND.	1		1		11	
TOTAL DEP.	34		41		66	
TOTAL CLAIMS			42		77	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		4				
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						